CLAIMS

1. A method for providing medical assignments to medical insurance claims, comprising:

reporting a medical insurance claim to a claim service office;

5   assigning the reported claim to a human claim handler at the claim service office for the claim handler to collect data relating to the reported claim;

forwarding the reported claim and the collected data to a medical assignment logic;

automatically performing medical assignment logic on the reported claim and 10   the collected data to determine whether a medical assignment is warranted;

if the medical assignment is warranted, automatically forwarding the reported claim and the collected data to an integrated case management system (ICMS); and

if the medical assignment is not warranted, preventing the reported claim and the collected data from reaching the ICMS.

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2. The method of claim 1, wherein the medical insurance claim is reported from a telephone reporting center to the claim service office via a claim management system.

20   3. The method of claim 1, wherein the medical assignment logic is derived by analyzing previous claims that are similar to the reported claim and their medical assignments.

4. The method of claim 3, wherein analyzing the previous similar claims and 25   their medical assignments comprises:

preparing a list of data elements relating to the previous similar claims;

capturing the data elements from the prepared list; and

determining when at least one of the captured data elements is populated.

5. The method of claim 1, wherein automatically performing medical assignment logic comprises:

preparing a main list of combinations of a plurality of nature of injury (NOI) data and a plurality of part of body (POB) data on which the plurality of NOI are associated;

selecting from the main list a sub-list having combinations of one of the plurality of NOI and an associated one of the plurality of POB that desire medical assignment (NOI/POB);

comparing the reported claim and the collected data with the sub-list of combinations of NOI/POB; and

determining that the medical assignment is warranted when the reported claim and the collected data match with the sub-list of combinations of NOI/POB.

6. The method of claim 1, wherein automatically performing medical assignment logic comprises:

assessing the reported claim and the collected data to determine whether there is an indication of anticipated surgery and/or an indication of surgery already performed on the reported claim; and

determining that the medical assignment is warranted when there is the indication of anticipated surgery and/or the indication of surgery already performed on the reported claim.

7. The method of claim 1, wherein automatically performing medical assignment logic comprises:

determining whether there is a new date which disability began for the reported claim; and

determining that the medical assignment is warranted when there exists the new date which disability began.

8. The method of claim 1, wherein automatically performing medical
5   assignment logic comprises:

determining whether a sum of TT incurred, TP incurred, and medical incurred is greater than a predetermined monetary value; and

determining that the medical assignment is warranted when the sum is greater than the predetermined monetary value.

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9. The method of claim 1, wherein automatically performing medical assignment logic comprises:

preparing a main list of ICD-9 codes for which the medical assignment is warranted;

15   determining whether the reported claim and the collected data include one of the ICD-9 codes in the main list of ICD-9 codes; and

determining that the medical assignment is warranted when the reported claim and the collected data include one of the ICD-9 codes in the main list of ICD-9 codes.

20   10. The method of claim 9, wherein preparing the main list of ICD-9 codes for which the medical assignment is warranted comprises:

preparing a first sub-list having selected ICD-9 codes which identify claims with significant medical issues that require medical attention; and

preparing a second sub-list having ICD-9 codes of early strategic intervention,
25   which denote a desire to medically intervene.

11. The method of claim 1, wherein the reported claim relates to an injury sustained by an individual; and

wherein automatically performing medical assignment logic comprises:

assessing the reported claim and the collected data to determine whether the injured individual has not returned to work for more than a predetermined period of time after the injury; and

5   determining that the medical assignment is warranted when the injured individual has not returned to work for more than the predetermined period of time after the injury.

12. The method of claim 1, wherein automatically performing medical

10   assignment logic comprises:

assessing the reported claim and the collected data to determine whether there is an indication of anticipated surgery and/or an indication of surgery already performed on the reported claim;

determining whether there is a new date which disability began for the

15   reported claim;

determining whether a sum of TT incurred, TP incurred, and medical incurred is greater than a predetermined monetary value; and

preparing a main list of ICD-9 codes for which the medical assignment is warranted.

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13. A method for providing a medical referral to an insurance claim, comprising:

receiving a notice of a new insurance claim;

reviewing the new claim in response to the received notice;

25   requesting additional information relating to the new claim;

receiving the additional claim information;

providing an automated medical referral logic that automatically applies to the new claim and the additional claim information to determine whether a medical referral is warranted; and

providing an option to perform a manual medical referral for the new claim
5   and the additional claim information.

14. The method of claim 13, wherein requesting the additional claim information comprises a human operator requesting the additional claim information; and

10   providing the option to perform the manual medical referral comprises providing the human operator the option to manually perform the medical referral for the new claim.

15. The method of claim 13, further comprising:
15   if the medical referral is warranted by the automated medical referral logic, forwarding the new claim with the medical referral to an integrated case management system.

16. The method of claim 15, further comprising:
20   preventing the medical referral for the new claim at the ICMS when there exists a factor for non-intervention of the claim.

17. The method of claim 16, wherein the non-intervened factor comprises a failure of the claim to meet a medical assignment criterion.
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18. The method of claim 16, wherein the non-intervened factor comprises a request for non-intervention with the claim.

19. The method of claim 16, wherein the non-intervened factor comprises the new claim being a CAT.

20. The method of claim 15, further comprising:

5   providing medical personnel to manage the new claim with the medical referral.